## CONGRESS OF THE UNITED STATES HOUSE OF REPRESENTATIVES

## **Consent for Release of Personal Information**

I have sought assistance from Congressman Jeb Hensarling on a matter that may require the release of information that may be prohibited from dissemination under the *Privacy Act of 1974*.

I respectively request and hereby authorize Congressman Jeb Hensarling, or any authorized staff member, representative, or agent to act on my behalf and to obtain, release and receive information from any state, federal or local agency or officials, and to inspect, copy and examine, or inquire into my records whether it be protected by the *Privacy Act of 1974* or not.

YOUR NAME (Print)	DATE:
ADDRESS:	DAYTIME PHONE:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
Are you a Lawful Permanent Resident (LPR) or U.S. Citizen (USC) ?	A# if applicable
Your Written Signature:	
Name of Beneficiary:	
Name of Beneficiary:Alien Registration Number (A #):	
SSC/SRC/LIN or other Receipt Number:	
Is she/he in the U.S.?	
Date of Birth:	
Place of Birth:	
Address including country:	<del></del>
Form Filed: I-130, I-129, I-140, I-485 or other:	<del></del>
***DATE FILED:	***
<b>Location Filed: Dallas District Office, Texas Service Cer</b>	nter, or Other – list
The Problem Is:	
** Note: If you want me to provide a family member or anyone else with required. I hereby authorize that all correspondence and information regarders.	
Your signatureDate:	

Fax this form to: Congressman Jeb Hensarling at (214)-349-0738, and mail the original to: Congressman Jeb Hensarling, 10675 East Northwest Highway, Suite 1685, Dallas, Texas 75238.